U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

5. Position in labor organization.

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

| E AUG 152005 READ THE INSTRUCTIONS CAREFU | LLY BEFORE PREPARING THIS REPORT. |
|--|--|
| 1. File Number U - 68// | 2. Fiscal Year Covered From: |
| | 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name Raul Rendon | Name I.U.P.A.T. District Council No. 9 AFL-CIO |
| | Labor Organization File Number 006-770 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
| Street 979 Avenue of St. John | Street 45 West 14th Street |
| City Bronx | City New York |
| State New York ZIP Code + 4 10455 | State New York ZIP Code + 4 10011-7419 |

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization. | derived income or other economic benefit of | |
|--|--|--|
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | |
| Name | None | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | 7.b. Amount. | |
| City | \$0 | |
| State ZIP Code + 4 | | |

Signature

| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information |
|---|
| submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the |
| undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |

Signed Coul forther

Business Agent

On <u>9-1/-05</u>

(212) 255-2950

Telephone Number

| Name of Person Filing Raul Rendon | | File Number U - | |
|---|---|-------------------------------------|--|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | wise dealing with the busines vely seeking to represent, or lirectly to, or otherwise | es | |
| 8. Name and address of Business (including trade name, if any). Name Koehler & Isaacs, LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 29th Floor Street 120 Broadway City New York State New York ZIP Code + 4 10271 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | ation | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | Fees paid for lega | al services for calendar year 2004. | |
| Street | 11.b. Approximate dollar val | ue of such dealing. \$149,189 | |
| City | 12.a. Nature of interest held or income received. | | |
| State ZIP Code + 4 | Holiday party | | |
| | 12.b. Amount. | \$40 | |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | er parts A and B above) or other thing of value. | | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | |
| (including trade name, if any). | None | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | TOTAL CONTRACTOR AND | | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. | \$0 | |

| Name of Person Filing Raul Rendon | File Number U- |
|-----------------------------------|-----------------------|
| | |

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| 8. Name and address of Business (including trade name, if any). Name Master Painters Assoc. of New York City Trade Name, if any: P.O. Box, Bldg., Room No., if any | 9. Business deals with: a. Labor Organization b. Trust c. Employer | | |
|---|--|------------------|--|
| Street 50 East 42nd Street City New York State New York ZIP Code + 4 10017 | inimental de la constant de la const | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | Amounts paid to the Employers Association of the Painting Industry in New York for the calendar yea: 2004: Convention - \$2,500 Advertising - \$ 600 Contributions - \$ 200 | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | \$3,300 | |
| | 12.a. Nature of interest held or income received. | | |
| | Annual installation lunch for asso | ciation officer. | |
| | 12.b. Amount. | \$60 | |